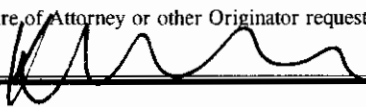
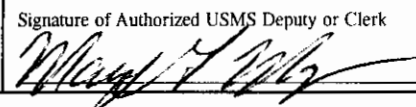
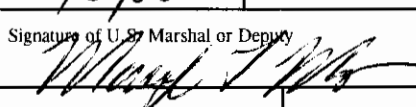


U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

|                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                    |                                     |                                                                                     |                                                                                                                                      |                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| PLAINTIFF<br><b>UNITED STATES OF AMERICA</b>                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                    |                                     |                                                                                     | COURT CASE NUMBER<br>CA No. 05-10925-RGS                                                                                             |                                               |
| DEFENDANT<br><b>1979 Rolls Royce Silver Wraith II, Vehicle Identification Number LRK 36784 and Washington Registration Number 020PAW</b>                                                                                                                                                                                                                                                         |                                                                                                                                                    |                                     |                                                                                     | TYPE OF PROCESS <b>Complaint, Warrant &amp; Monition and Interrogatories</b>                                                         |                                               |
| <b>SERVE<br/>AT</b>                                                                                                                                                                                                                                                                                                                                                                              | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br><b>Henry L. Smith</b>                    |                                     |                                                                                     |                                                                                                                                      |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                  | ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)<br><b>SPN # 02104228, Location # 2-D-2, 701 North Jacinto, Houston, TX 77702</b> |                                     |                                                                                     |                                                                                                                                      |                                               |
| SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                    |                                     |                                                                                     | Number of process to be served with this Form - 285                                                                                  |                                               |
| -----<br>Kristina E. Barclay, Assistant U.S. Attorney<br>United States Attorney's Office<br>John Joseph Moakley United States Courthouse<br>1 Courthouse Way, Suite 9200<br>Boston, MA 02210                                                                                                                                                                                                     |                                                                                                                                                    |                                     |                                                                                     | Number of parties to be served in this case                                                                                          |                                               |
| -----                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                    |                                     |                                                                                     | Check for service on U.S.A.                                                                                                          |                                               |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)                                                                                                                                                                                                      |                                                                                                                                                    |                                     |                                                                                     |                                                                                                                                      |                                               |
| Please serve the attached Verified Complaint, Warrant & Monition, and Interrogatories, upon the above-referenced individual by certified mail, return receipt requested.                                                                                                                                                                                                                         |                                                                                                                                                    |                                     |                                                                                     |                                                                                                                                      |                                               |
| LJT x3283                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |                                     |                                                                                     |                                                                                                                                      |                                               |
| Signature of Attorney or other Originator requesting service on behalf of :<br>                                                                                                                                                                                                                                |                                                                                                                                                    |                                     | <input checked="" type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER<br>(617) 748-3100                                                                                                   | DATE<br>May 11, 2005                          |
| <b>SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE</b>                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                    |                                     |                                                                                     |                                                                                                                                      |                                               |
| I acknowledge receipt for the total number of process indicated.<br>(Sign only first USM 285 if more than one USM 285 is submitted)                                                                                                                                                                                                                                                              | Total Process<br>No. _____                                                                                                                         | District of Origin<br>No. <u>38</u> | District to Serve<br>No. <u>38</u>                                                  | Signature of Authorized USMS Deputy or Clerk<br> | Date<br><u>5/26/05</u>                        |
| I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. |                                                                                                                                                    |                                     |                                                                                     |                                                                                                                                      |                                               |
| <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).                                                                                                                                                                                                                                     |                                                                                                                                                    |                                     |                                                                                     |                                                                                                                                      |                                               |
| Name and title of individual served (If not shown above):                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                    |                                     |                                                                                     | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.              |                                               |
| Address (complete only if different than shown above)                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                    |                                     |                                                                                     | Date of Service<br><u>6/6/05</u>                                                                                                     | Time<br>am<br>pm                              |
|                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                    |                                     |                                                                                     | Signature of U.S. Marshal or Deputy<br>         |                                               |
| Service Fee                                                                                                                                                                                                                                                                                                                                                                                      | Total Mileage Charges (including endeavors)                                                                                                        | Forwarding Fee                      | Total Charges                                                                       | Advance Deposits                                                                                                                     | Amount Owed to US Marshal or Amount or Refund |
| REMARKS: <u>5/26/05 ctd mail: 7004 1160 0001 5657 7923</u><br><u>6/2/05 Date of Delivery</u>                                                                                                                                                                                                                                                                                                     |                                                                                                                                                    |                                     |                                                                                     |                                                                                                                                      |                                               |

(2)

PRIOR EDITIONS MAY  
BE USED

1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)

☐ USMS RECORD ☐ NOTICE OF SERVICE ☐ BILLING STATEMENT ☐ ACKNOWLEDGMENT OF RECEIPT